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SERIAL NUMBER 09/745,825	FILING OR 371(c) DATE 12/21/2000 RULE	CLASS 345	GROUP ART UNIT 2628	ATTORNEY DOCKET NO. AT-00097
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PW

**** CONTINUING DATA *******

This application is a CON of 09/169,276 10/08/1998 ABN

**** FOREIGN APPLICATIONS *******

PH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 29	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

46718

TITLE

Clinician review of an orthodontic treatment plan and appliance

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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